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OBSERVATIONS
ON THE
PREVALENCE OF FEVER,
IN VARIOUS PARTS OF THE UNITED KINGDOM;
AND ON THE
EMINENT UTILITY OF HOUSES OF RECOVERY:
EXHIBITING
THE GREAT ADVANTAGES THAT WOULD RESULT
FROM SUCH AN INSTITUTION
FOR THE RECEPTION OF THE SICK-POOR
OF
BRISTOL AND CLIFTON.

BY
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P R E F A C E.



To the Reader who will favour the following limited number of pages with an attentive and impartial perusal, it is hoped, that the abundant evidence which they contain, will bring conviction of the increasing frequency of Contagious Fever, of late, in various parts of the kingdom; and, consequently, of the necessity of establishing Houses of Recovery in large cities,—but particularly in this neighbourhood. Such, at least, from reading and observation, is the opinion deeply impressed upon the mind of the writer. Had this conviction been less imperative, he is one of the last men who would have chosen such a subject for popular discussion: but viewing it in a light so important to the welfare of society, he should have felt dissatisfied with himself, if he had remained silent. The consciousness of having intended well, therefore, cannot be alloyed by the result.

7, Mall, Clifton,

20th March, 1819.

OBSERVATIONS,

&c.

AFTER the clear and forcible manner in which the advantages of establishing a House of Recovery have been stated in a recent “Appeal to the Good Sense and Humanity of the Inhabitants of Bristol and Clifton,” and the body of local medical evidence therein adduced, in ample confirmation of that statement, any farther observations may appear superfluous. There are, however, certain bearings of this question upon which medical men alone can be competent judges; and thinking it, as I do, a subject of the very first importance to the well-being of society, I acknowledge rather a principle of duty, than a feeling of inclination, in laying my sentiments before the public.

In order to shew the necessity of establishing a House of Recovery in this neighbourhood, it is incumbent, in the first place, that I should prove the increasing prevalence of Fever of late, not only in Ireland, but in various parts of Great-Britain. In doing so, I sincerely deprecate the intention of exciting any unnecessary alarm;—but if the public mind be not already sufficiently impressed with a conviction of the existence of such increase, it is surely of the two evils infinitely the least to awaken a salutary degree of vigilance: for it is by preparing to meet it, not by shut-

ting our eyes in fancied security, that we can expect to avert any danger. It is a curious problem in the philosophy of the human mind, how much the diffusion of an evil tends to lessen the individual sense of its magnitude: the number implicated has the delusive effect of wonderfully reconciling the community to, even evitable, misfortunes; and of furnishing each with a specious pretext for leaving the remedy to others. Such an excuse for inaction, or indifference, is, however, totally inapplicable, where the general and individual danger mutually augment, and are augmented in the same ratio: for the interest of each person is directly at stake, wherever, as in the present case, the welfare of society singly, and collectively, is reciprocally concerned, and indissolubly united.

If then, as I mean to shew, there is incontestable evidence that Epidemic Fever has been, of late, extending itself in this kingdom generally, and if no adequate measures exist to oppose its increase in this vicinity, no farther apology can be requisite for bringing the subject again before the view of the public.

That I may not be supposed to expect greater weight to be attached to my opinions than I can prove them to deserve, as the best mode of strengthening my argument, I shall frequently prefer quoting those of various authors, which are in coincidence with my own.

From the different accounts that have been published of the rise and progress of the present Epidemic, it appears to have commenced in Ireland—from thence to have spread into Scotland, carried by the labourers who resort there for employment, and afterwards into

England. Vide Edinburgh Medical and Surgical Journal, No. 56.

The greatly increased prevalence of Fever in Ireland of late years, is too generally known to require any comment; and the inefficiency of the now strenuous exertions to repress, though they have controlled its progress, furnishes a most instructive lesson on the difficulty of checking the career of Contagious Fever, when it has been permitted to gain an ascendancy. In 1817, the Fever-Hospital in Cork received within its walls, 2707 patients; while not fewer than 14,660 cases were admitted by the Fever-Institution, and the Hardwicke Hospital, in Dublin, within the same period!—Yet by the latest accounts of these institutions which have appeared, the march of the disease continues uninterrupted, nor, notwithstanding the length of time it has prevailed, does it seem, yet, to have reached its maximum: Dr. Barker observes, “the Epidemic Fever which had prevailed in most parts of Ireland for more than a year past, at length reached this city. Hospital accommodations for the separation of the sick from their families, with other means tending to destroy infection, have been liberally supplied; but the Fever has made *steady advances*, and patients now enter the hospitals at the rate of at least two thousand monthly.” See Report of the House of Recovery, &c. Dublin, October, 1818; and other papers in the second volume of the Transactions of the College of Dublin, lately published.

In London, independently of the authority of the judicious Dr. Bateman, and other late writers, to the same effect, no further proof needs be adduced than that it was considered necessary, towards the close of

the last session, to appoint a select committee of the House of Commons to investigate the state of Contagious Fever ; who, after having examined the Physicians of the various Hospitals and principal Dispensaries, reported their “ having thus ascertained the alarming increase of Contagious Fevers in the Hospitals of the Metropolis.” The Committee refer generally to the evidence adduced, which they consider as conclusive,—demonstrating the extent of the Epidemic, the probable chance of its continuance, as well as of its occasional recurrence, the small means afforded by the hospitals to receive patients assailed by it, the hazard of mixing them with others, and the utility of the Fever Institution, both for the cure of the disorder, and for arresting the progress of contagion. From this important document, I shall make some quotations towards the conclusion.

In Glasgow, and elsewhere, there exists a similar cause for regret as in Ireland, that the most effectual preventive discipline was not earlier adopted. Dr. Millar in his printed letter to the Fever Committee (which all should read who are not sufficiently impressed with the danger of delay and of half-measures,) forcibly portrays the inadequacy of the means that were expected to check the disease ; and after lamenting the “ failure” of their efforts to suppress the Epidemic, continues, “ so far from destroying the contagion, it has amplified and expanded, and is at this moment more alarmingly prevalent than seven months ago, at the time you commenced your career.” Nov. 1818 : p. 10. Dr. Millar estimates the number of persons afflicted with Fever in Glasgow alone, during the preceding twelve months, at 4000 ; and he observes, that during the

last six years it has been continually and steadily gaining ground, and has nearly doubled its numbers every successive twelvemonth.—See also Dr. Graham's Observations on the existing Epidemic; Glasgow, 1818.

In the Northern Metropolis also, various proofs of the increase of Fever might be brought forward from Dr. Duncan's Clinical Reports, and the successive numbers of the Edinburgh, Medical, and Surgical Journal. The Editors observe in the 56th No.; “In our time we have never known it extend so generally over the empire, or continue so long as the publications before us seem to prove; and we fear that it has not yet reached its height; for as far as we can learn, it has not begun to decline obviously in any quarter, while it is daily spreading into places hitherto free from it.” P. 530.

Dr. Percival of Bath, who has just published on Typhous Fever, states, that when he was in Liverpool, fifteen months ago, he was informed that an unusual pressure of sickness and mortality had lately been experienced there, which had been traced chiefly to those quarters where the poor Irish live in dirty and crowded habitations; and his having since learned with regret, that several medical gentlemen had contracted the fever by infection; and that some of them had fallen a sacrifice to it. P. 5.

Dr. Armstrong, the present distinguished Physician to the Fever Institution in London, who has published an admirable treatise on Typhus Fever, has only lately recovered from an attack of this disease, incurred by his unremitted attention to the duties of his office. This author also attests the unusual prevalence of Fever in many places of the united kingdom.

But as, unfortunately, the difficulty is not to accu-

multate, but to concentrate the evidence, I shall only, farther, advert to the latest authorities on the subject.

In his valuable work on Typhous Fever, to which I have just alluded, Dr. Percival remarks, “ Since my removal to Bath I have not been an inattentive observer of the various and encreasing demonstrations of Fever, not only in the Metropolis, and the larger towns of England (where that species of disease is never wholly extinct,) but in the Ports of smaller size, and the Sea Bathing Places in the Western and Southern coasts of the island. In many places I have learned that the Fever has been distinctly traced to Irish Labourers, who have come over in companies, especially in harvest time, in quest of employment. The passengers and sailors in the Irish vessels, have, in many instances, sickened on the voyage, and been landed in a state of high Fever.” (P. 34.) “ In several Watering Places on the Southern coast, Typhus has prevailed in the late season, even among the affluent visitors ; some of whom have contracted the infection, have sickened after quitting the Watering Places, and introduced the Fever into other parts where it was little known. This has happened in several instances in Bath, some of which have fallen under my own observation ; and doubtless in other places, especially in London, similar occurrences must have happened. But it is superfluous to enlarge on the generally admitted fact, that Contagious Fever is now Epidemic, in various parts of England ; that its natural tendency, if unchecked, is to extend itself more and more widely ; and that this principle of propagation is fed by continual supplies from the sister kingdom.” Pp. 5, 6. Dr. Percival, moreover, quotes a report with which he

has been favoured by Dr. Prichard; by which it appears “ that in the North District of the Bristol Dispensary, during twelve months, 1817, the number of Fevers entered for relief was thirty-four cases, or families; while in eleven months of 1818, 176 cases were registered: In the South District of the Dispensary 185 cases were registered during the former, and 199 during the latter period: In St. Peter’s Hospital, 117 cases were admitted during the former, and 219 during the latter period; the total amount for twelve months viz. 1817, yields 336: for eleven months in 1818, it is 594, or nearly double.” Vide Percival on Fever, p 4.

The poor of this parish have been hitherto remarkably free from fevers. The Annual Report of the Clifton Dispensary for 1817, comprehends but twenty-four Fevers in the whole; that for 1818 contains sixty-five cases in all; but of these thirty-one stand under the denomination of “ Infantile Remittent:” still the number of continued Fevers in the last when it is compared with the previous year is more than doubled; and twenty-four cases have already been registered since the commencement of this year. The total amount of patients also has considerably increased of late: the admissions have been upwards of a thousand in each of the last two years.

Mr. Sheppard, an able practitioner in Witney, has just informed me that he has had one hundred and forty cases of Fever under his care, since July last; and that the Epidemic still goes on. The disease was at first chiefly confined to the poor; but it has since, in several instances, extended to the better classes.

These constitute but a small portion indeed of the examples which might be selected to prove, that

Fever has considerably increased of late throughout the kingdom ; but they are so decisive of the fact, that it appears altogether supererogatory to multiply them ; especially as the various periodical Journals, and the daily and provincial Newspapers are continually teeming with fresh illustrations.

Considering it then as proved, that Fever has prevailed in an uncommon degree of late, and still continues to disseminate itself, the propriety, nay the necessity, of taking such preventive measures as experience has shewn to be alone capable of controlling its further diffusion, becomes self evident ; and these are universally admitted to consist in separation, ventilation and cleanliness, including the washing, and various means of purifying infected clothes, bedding, and apartments.

Dr. Percival observes, “ the primary measure to ensure the public safety, is to separate the healthy from the sick. This must be done in every case, and in all circumstances.” “ Hospitals, whether established, or temporary, furnish the only resource for the labouring poor, when afflicted with Fever.” Pp. 7, 8.

Dr. Stanger, in his “ Remarks on the necessity, and means of suppressing Contagious Fevers,” considers “ that, on the most moderate calculation, the removal of one fever patient, even from the situations where circumstances do not concur to promote its propagation, prevents the infection of three persons ; but the removal of one from crowded and ill-ventilated buildings, may prevent the disease in a whole district.” Hence, says Dr. Stoker, in his report of the Fever Hospital and House of Recovery, in Cork-street, Dublin, “ on the most limited scale, the protecting influence of

this institution must have extended to more than one hundred thousand persons ;” for “ within thirteen years, which have nearly elapsed since the foundation of this establishment, more than 23,000 persons, labouring under Fevers, have been admitted into its wards.” Dr. O’Brien, in his Medical Report of the Sick-Poor Institution for 1817, says, “ during the last year alone, 11,225 patients have been registered as receiving medical and surgical aid.” Vide Transactions of the Association of Physicians in Ireland. Vol. II.

On reading such instances, we cannot but feel much gratitude, that Fever has hitherto made comparatively little progress in this neighbourhood ; but it surely will not, on that account, be contended, while it is spreading almost every where, that we ought to flatter ourselves with exemption from its further advances. On the contrary, when we contemplate the extent and condensed population of Bristol, its local situation, its constant intercourse with, and consequent importations from the Sister Kingdom, we can hardly avoid mingling surprize with congratulation for past immunity, but we can with no reason calculate upon future exemption. There is, moreover, at present, an atmospheric influence favourable to the production of Fever ; and it were presumptuous to attempt to assign its limits. Of this influence, although we are unable to explain the cause, we are not the less certain of its existence from the effects.

The example of other places where the Epidemic has been, and still continues to be prevalent, to an alarming extent, and the certainty that its power, in such places, might have been greatly circumscribed at least, if precautionary measures had been timeously

enforced, speak in a language that cannot be misunderstood, and will deprive us, I fear, of even the satisfaction of a plausible apology if we should neglect their admonitions. What would be said of the conduct of an individual who, with the example of his neighbours around him, involved in one common calamity, should plead as an excuse for neglecting those precautions which would ensure safety to his own family, that they were yet untouched, and, therefore, that such precautions were uncalled for?

The present Epidemic, it is true, may decline ; but with the knowledge that it has yet evinced no such tendency, even in places where it has long prevailed, and with the opinions of so many eminent men that it has not even yet reached its acmè, in those places, it would be the very blindness of uncalculating security to confide in such a chance. With these instances before him, a man who on the bare plea of past immunity, would be content, unprepared, to await the risk of such a visitation, if it did arrive, might find full employment for his hopes of its disappearing again before they were realized. If a ludicrous comparison may be pardoned on so serious a subject, he would stand somewhat in the predicament of Sir Abel Handy, who, after enumerating his notable inventions in case of fire, from having none of them in readiness when the castle was in flames, was driven to the extremity of hoping that it might “ go out of itself.”

The approach of summer, may also, in some minds, foster the hope of the declination of this Epidemic,—and were I to trust to my own experience alone, I should be inclined to allow something for the agency

of milder weather; for, on two occasions where I have been very extensively connected with Contagious Fever, the disease decreased with the severity of winter. In these instances, however, it originated in local and temporary circumstances, and was neither favoured by privations, nor any particular constitution of the atmosphere. But the present extraordinary Epidemic has shown no respect to seasons: as Dr. Percival remarks, whatever may have been the influence of untoward seasons in favouring its production; there is yet no evidence of the controlling powers of more salubrious ones: it has baffled every vicissitude of weather throughout a year of extraordinary temperatures; nor has the return of better times, and more abundant crops yet moderated its progression. Dr. Barker who conceives that it has not yet reached its height, in the report before alluded to, more than once notices, as “a well established fact,” that “Fever becomes more prevalent on the approach of summer;” and he considers the autumn as chiefly favouring the spreading of Epidemic Fevers. Pp. 11, 13, 14.

Dr. Stoker mentions that without other auxiliaries, especially a deficiency of wholesome nutriment, the “Contagion was not very active till the warmth of summer, which has been always found to exert the same influence on the Fever of this country, since very observable in other parts, as well as in the Metropolis.” Vide Transactions, &c. Vol. II. p. 450. Other testimonies might be added to the same effect.

How far the existing institutions in Bristol may be competent to afford relief, according to the present ratio of febrile disorders, I shall not pretend to determine; but I cannot conceive a single argument to

be necessary to show, that if Fever should increase here, as it has done elsewhere (and it has been regularly increasing of late), the present establishments even by an extension of their means of accommodation, and of the services of their medical practitioners—however strenuously and liberally these might be exerted—would prove altogether unequal to meet the increasing pressure of disease. On this head I speak from some experience. Having as Physician to the Fleet, been also Inspector of Hospitals, and other *Dépôts* for the reception of sick and wounded men, since 1806, and having previously, and subsequently, served in various combined expeditions from those to Holland, and Egypt, in 1799, and 1801, to the last on the banks of the Mississippi, in 1815, I have too often seen the best directed medical efforts unequally opposed to increasing disease, and sometimes even paralyzed, by over exertion; particularly in the West Indies. The yellow fever is not a contagious disorder, yet when it prevails from local and endemic causes, such as I have elsewhere detailed, (*Ed. Journal*, No. 49) it becomes necessary for the relief of the ships, of the medical officers, and for the benefit of the patients, to give them the advantages of an Hospital, and in this way I have very frequently had to regret that even a single ship of the line, would monopolize the resources of an establishment, which at other times, was considered adequate to receive the sick of a whole fleet.—The frequent contemplation of such instances (the notice of which would otherwise have been irrelevant here,) will explain why in the philanthropic author's "Appeal," before alluded to, I have expressed my opinion so decidedly on the high utility of a capacious, and the

inadequacy of a small establishment for the reception of Fevers. In the latter case, during the prevalence of an Epidemic, the house would be kept constantly crowded with patients; their disease would be greatly aggravated, their chance of recovery consequently greatly diminished; and the safety of the medical attendants, and others connected with it, would be continually endangered. While on the other hand, a sufficiently lofty and spacious Fever Hospital, would afford the surest pledge of the recovery of its inmates; the security of those immediately connected with it; and the safety of all in its vicinity.

The safety of the nearest inhabitants, as well as the utility of a Fever Institution, is now perfectly established by general consent among medical men, and proved by the experience of many years: "The fear of infection from the neighbourhood of an hospital is altogether imaginary. The contagion cannot excite disease a very few feet from the body of the infected, and it is very much to be regretted that a mistaken prejudice of this kind should be permitted to obstruct so much real good, to scatter so much real misery, and by increasing the extent of the disease, the quantity of the contagion, thereby to augment the risk of those very families, who are at present arming themselves against an imaginary danger. There is not, I will venture to say, one case of Fever contracted from the vicinity to the Royal Infirmary; and it is well known that the erection of a Fever Hospital in Gray's-Inn Lane, has had an effect the very reverse of fomenting the disease in that quarter. If then, an institution of this kind, has checked the disease in the middle of the smoke and filth of one of the most crowded streets-

in London, surely there is not the smallest chance of its diffusing it in a situation so free from every auxiliary to Contagion, as York-street." Dr. Graham, on the Epidemic at present prevailing in Glasgow.

Upon "sufficient space and ventilation, being what is chiefly requisite in establishments of this kind," I am happy to avail myself of the support of the able conductors of the Edinburgh Medical and Surgical Journal: "Without these, a Fever Hospital, would become a pest-house, and focus of concentrated contagion, and do harm instead of good; but with these, it is now fully established by experience, that there is no danger to be apprehended from the vicinity of a Fever Hospital." Vol. XIV. p. 541.

That the greatest advantages have been, everywhere, experienced from these institutions, by checking the progress of Fever, is universally admitted—but while we have proofs that even the amplest resources have been insufficient, during the present epidemic, it becomes a self-evident proposition that a small one, in a populous city, must be altogether insufficient for this purpose; provided the disease evinced a marked tendency to propagate itself. The volume just quoted, proceeds to shew that "the instances of Chester, Manchester, and Waterford, so often brought forward, prove nothing, by proving too much: *their size was infinitely too small* to suppress, as it were at once, an epidemic of any great extent."

"The fever which led to the institution of the House of Recovery in London, must have been very limited in extent, and not entitled to the appellation of Epidemic, which was suppressed by a Fever Hospital, containing 16 beds. In the year 1803, the total deaths in London

from fever, were 2326. In the House of Recovery, 13 died out of 164 admitted. Now if we suppose, that of these not admitted, one in ten died, there must have been 23,260 afflicted with fever that year, a number which, if the fever had been disposed to spread, must have furnished a supply of contagion, that could not be affected by means so inadequate as the removal of 164 of them, and the purification of a proportionate number of their houses. But we have more lamentable proofs of the justness of our opinion, in the history of fever in Cork, Dublin, Glasgow, and Edinburgh." Vol. XIV. p. 542.

Indeed it appears to me evident, that the Fever Institution in London, even on its present larger scale, must prove quite insufficient, unless the present epidemic shew of itself a tendency to subside. It contained upwards of sixty patients at one time, in May last; the present number of beds I am not prepared to state; but probably fifty are as many as it ought to contain.

Among the further disadvantages of a limited establishment of this kind in Bristol, it should be considered that in the event of sickness increasing, the pressure upon a small institution would be so great, that the patients recovering in it, would not only be in danger of re-infection and relapse, but to afford relief, in any degree commensurate with the demands, it would be necessary to discharge them as early as possible; and thus the convalescents issuing from its wards, would carry infection to their friends; while cases of minor importance would be altogether rejected from necessity, and sent back to their homes, to spread disease in their filthy, ill-ventilated neighbourhood.

Nor would the disorder be long confined to the poor, it would necessarily find its way into the families of the rich, under these circumstances; and it should be remembered, among the instances of the equalizing dispensations of Providence, that although the rich be less exposed to the causes, and from constitution may be less liable to fever, yet in them the disease frequently assumes a more dangerous form, than among the poor.

In most places hitherto, the fever, generally speaking, has been rather of a mild character: but this has been counterbalanced by its ubiquity, and the steadiness of its advances.

Dr. Barker remarks, that, "At its commencement, the fever appeared much less contagious, than in its subsequent progress. At first it extended through families so slowly and unfrequently, that doubts of its infectious nature were entertained by several intelligent medical gentlemen."—"Of ninety cases received at the Fever Hospital, twenty-four only could be traced to infection; but as the epidemic advanced, its true nature became very evident." See also "Observations on Contagion," by Dr. Stokes, 1818.

Of the difficulty of disarming Typhous Fever of its infectious power, without adequate means of prevention and separation, I am entitled to speak from experience; for of eleven British medical officers, placed under my directions, to attend the sickly division of the Russian fleet, in the winter of 1812-13, nine, including myself, were attacked with fever in the course of a few weeks. Two of this number died of the disease; and two of its consequences; I was one of the severest sufferers who recovered.

That the most scrupulous attention to cleanliness and ventilation cannot protect others exposed to an atmosphere tainted by a compact mass of human beings labouring under fever, I can also prove. In two English hospital ships, which, from the emergency of the case, were excessively crowded, having received during the period of my superintendence above 1800 patients, ventilation and cleanliness, though carried to the utmost extent, could not afford security, from the want of sufficient space for separation. In the one hospital-ship which received the first, and consequently the worst cases that could be selected, “not only the surgeon, and other medical officers, suffered severely, but twelve out of sixteen attendants, accustomed to the duty of waiting upon the sick, were seized with fever, four of whom died.” In the other hospital-ship several attendants, two assistant surgeons, and ultimately the surgeon, were also attacked, all of whom, with one exception, recovered. Vide *Edinburgh Medical and Surgical Journal*, Vol XII. p. 158. These examples show how much more dangerous and inevitable is the fever produced by concentrated contagion.

Abundance of evidence, I trust has been adduced to prove to the most sceptical the expediency of establishing a House of Recovery; and to every unprejudiced mind, the wisdom of its being lofty and capacious. Independently of the warnings afforded by other places, we have sufficient evidence of the increase of fevers of late, to stamp this measure with a character of paramount importance. By a reference to the ingenious paper of Dr. Chisholm, in the 13th volume of the *Edinburgh Medical and Surgical Journal*, it will appear that Bristol and Clifton have been remarkably

exempted from fevers in former years ; but it would be unreasonable to expect that this should continue to be the case, when the existing prevalency of fever elsewhere, the extent, population, and locality of Bristol as a sea-port, and the continual communication with Ireland, are taken into consideration. Even within the period during which I have been attached to the Clifton Dispensary, this disorder, which was comparatively very rare, as I have already shewn, has gradually increased ; and without ascribing too much to the duties of those who belong to this, and similar institutions, I may be permitted to remark, that to afford relief to the various other maladies which come under their care, must occupy a considerable portion of their time. It becomes, therefore, evident, that in the event of a disease becoming more general, which requires daily attendance, where the patients are so far apart from each other, as in this parish, it would be altogether impossible to pay them that attention which fever cases require—even setting aside for a moment, the ill consequences that would accrue from their remaining in their own confined habitations, viz. the certain aggravation and dissemination of the disease.

In the dwellings of the poor, where so many persons are crowded under the same roof, and even in the same apartment, without attention to cleanliness and ventilation, it is a matter of surprize that more frequent examples of the propagation of fever have not heretofore occurred. The instance mentioned by Dr. Felix, of two brothers ill of typhus, sleeping together, and a sister in the same room, is, I fear, far from being a solitary one. I stated on the same occasion, having been, not long ago, called to a case of fever

which had proceeded to its second stage, where three grown females slept in the same bed ; and I have more recently witnessed an instance where the brother, sister, and mother laboured under fever. With the boy, to whom I was sent for at an advanced stage of the disease, and who recovered contrary to my expectation, the mother had slept. She was soon afterwards taken ill, and had a very narrow escape ; and the medical gentleman who visited her, experienced an attack of fever, which he attributed to that source. The necessity of separation in such cases is most evident.

Indeed it requires no stretch of foresight to perceive, that provided fever does continue to prevail epidemically, the plan of a large Fever Hospital, or of smaller ones in different parts, must be adopted in all large towns and cities ; and thus much misery, hazard, and ultimate expense may be incurred, which earlier measures might have prevented. But even if fever does not prevail, this measure is still highly expedient in such places. To employ a seeming paradox, a Fever-House should be erected that it may not be wanted : for however great are its advantages in a curative, they are outstripped by its advantages in a preventive point of view. IT IS THE PROTECTING INFLUENCE WHICH THEY EXTEND TO ALL, which renders Houses of Recovery so eminently useful to society, and interesting to the legislator and philanthropist.

It may here be mentioned, as a strange anomaly, which is surely deserving of the notice of the legislature, that although hospitals constitute the great refuge of the poor in times of sickness, not only fevers, but infectious diseases generally, are excluded by charter, from almost every county and city infirmary in the

kingdom : so that the managers and medical practitioners of these admirable institutions are compelled to transgress their own laws, when, in obedience to the dictates of their good sense and humanity, they receive within their walls those sufferers who are especially entitled to the benefit of some remedial and preventive asylum, whether we consider their individual welfare, or that of the community.

Upon the causes of fever, which are pretty generally known, and the method of cure, I do not propose entering here. The mode of treatment which I have found most successful is detailed in the paper in the *Edinburgh Medical and Surgical Journal*, before alluded to ; and is very similar to that more recently recommended in various excellent works on fever.—It is but justice to the merits of a very intelligent physician to notice here, that the causes, prevention, and management of the prevailing epidemic, as far as they can be rendered available to the general reader, are judiciously pointed out in a recent publication by Dr. Porter, of Bristol. Relative to the first, it will be sufficient, at present, to add, that the causes which, besides contagion, give rise to fevers which become infectious, obtain chiefly in the close, dirty, and unventilated habitations of the poor. The principal are, the accumulation of human effluvia from crowding together, and the want of cleanliness and ventilation—a deficiency of wholesome food, of fuel, and clothing—exposure to cold, moisture, fatigue, privations, intemperance, and depressing passions—and peculiar states of the atmosphere, &c.

“ Pestilence and famine” have ever gone together—and as a deficiency of wholesome nutriment is one of the

chief auxiliaries of contagion, it must be highly gratifying to the charitable and humane to reflect that, in all probability, it is from the poor being better fed, clothed, sheltered, and employed, that fever has been less active here, than in so many other quarters. Thus Charity, like "Mercy, is twice blessed!"

Dr. Rutty, on the weather and diseases of Dublin, says, "in Autumn, 1740, there was a great dearth of provisions in Ireland, which proceeded almost to a famine in Winter, the potatoes having failed, whilst other provisions were double, or treble their usual price. In Autumn also appeared an epidemic continued fever, which did not wholly cease in Winter." (P. 83.) In his account of the following year, he observes, "Fever was common to this city, to Cork, Bristol, and London, and often eluded the skill of the physicians." (P. 86.) It was computed that 80,000 persons died in Ireland of fever, dysentery, and famine, in the years 1740, 1741. (*Ib.* p. 91.) In 1800 and 1801, a scarcity also prevailed, and was attended by an extensive epidemic fever in the South of Ireland. According to Dr. Bracken's report of the Waterford House of Recovery, for 1817, the years 1801 and 1817 resembled each other in the prevalence of epidemic fever.

But to settle the question at once as to the competency of the existing institutions to afford relief, in case of the fever increasing, I conceive it must be conclusive to quote the following sentence from the valuable report of Dr. Barker, of Dublin, before referred to: "With much regret I have to state, that fever makes rapid progress among the poorer classes; and the extraordinary number of 1200 beds; which have been so providentially fitted up in different hospitals in the

city for the accommodation of fever patients, though lately increased, has not proved sufficient for all the applicants, who at present enter the hospital at the rate of more than 2000 monthly." Transactions of the Association, &c. (Vol. II. p. 580.) It is impossible to give too much praise to the committees, and to the benevolent and arduous exertions of the physicians in Ireland, and elsewhere, during the present epidemic: what would have been the situation of Dublin, and other places, if such ample hospital accommodations had not been afforded, may be more easily imagined than described!

It still remains to be shewn, that in establishing a House of Recovery, though an object of such vital importance, all is not accomplished which is necessary for the suppression of a Contagious Fever. It is not only essential that the diseased should be separated from the sound, as early as possible, but that the clothes, bedding, furniture, and apartments from which they are removed, should be washed, thoroughly ventilated, cleansed, and purified. As the regulations now adopted in Edinburgh, and I believe in some other places, appear admirably adapted to the end in view, I shall make no apology for quoting once more from the Journal, to which I have been more than once indebted already: "The means of checking the progress, and putting an end to the Epidemic, should next engage our attention. Many of the causes which contribute to the production of fever, are altogether out of our control, such as unknown states of the atmosphere, inclemency of weather, and deficiency of food; others to a certain degree may may be counteracted, by impressing the poor with the importance of

cleanliness and ventilation ; assisting them to practise what we advise ; but it is chiefly in regard to contagion, that well directed measures are capable of exercising a powerful influence over the prevalence of fever. The first, and great point is to restrain the communication of the healthy and susceptible individuals with the sick. In the hovels of the poor, this is impossible, without altogether removing the affected to an hospital, or other allotted place, which should be provided, though temporarily for receiving them. The sick and healthy should be equally made to desire this separation as advantageous to both ; and in this city we have the example of the active and beneficent Society for relieving the Destitute Sick, whose conduct in this respect is a model for imitation. The society divided the city into districts, and appointed a visitor to each. When he discovered a case of fever supposed contagious, he reported it to a professional gentleman attached to that district, whose business it was to judge if it was really of that kind, and if it were, whether the patient should be removed to the hospital. In the latter case, a recommendation was given in the name of the society, to whom a report was made, that if necessary it might take charge of the family during the absence of the person removed, and also take measures for purifying the room, furniture, and clothes, which might have been contaminated ; and they distributed widely among the lower classes printed directions for poor people in the neighbourhood of those who have fever. In addition to what is commonly stated, it should also be impressed upon them, that although an infected person should be removed as soon after being taken ill as possible, it may be productive of essential

advantage even in the latest stages of fever ; for we are satisfied from multiplied observation, that there is more danger of infection from a convalescent, than from a patient in the commencement of fever." Vol. XIV. p. 540.

I have but little faith in the efficacy of fumigations with the mineral acids ; but they may be useful for such bedding and furniture as do not admit of being washed. It is essential, however, for those who employ fumigation, to understand that it does not supersede the necessity of other means ; and that they should not, on that account, pay less attention to the important measures of thorough ventilation, and cleansing by washing, and other modes of purification.

An excellent plan for destroying infection adhering to bed clothes, and wearing apparel, has recently been adopted in one of the parishes of Dublin, and at a trifling expence ; viz. a house provided with necessary apparatus for washing, and with a stove for exposing to a high temperature, such articles as could not be washed. Between April and October last, 1077 persons had their clothes and bedding purified from infection ; and 3571 rooms had been whitewashed. The amount of the outfit was about £37. and the current expences did not exceed £12. per month. (See Barker's Report.) The establishment of a public wash-house, has also been fraught with advantages in Glasgow ; and must be of great utility in large cities.

Dr. Clutterbuck in his work, published within the last week, on the Epidemic Fever at present prevailing in " most parts of the united kingdom," bears similar testimony to the efficacy of airing, washing clothes, white-washing rooms, and the various means of purification ; but he justly remarks, that " the speedy

removal of the sick from his family and friends, "is the most pressing object on these occasions, as that in which the safety of the neighbourhood, and ultimately of the whole population, is immediately involved. To accomplish this, however, it is required, that proper and sufficient accommodation be prepared for the reception of the sick. But here the most lamentable deficiency will be found to exist; and which, if not remedied, will, in the event of the continuance of the present epidemic, of which there seems every probability, be productive of the most fatal consequences. It is not a point on which the poor alone are interested." (P. 46.)—This able Physician commences his work by observing "the unusual prevalence of *Contagious Fever*, for the last two or three years, both in this metropolis, and in most parts of the united kingdom, is now too well established to admit of a question. The records of every Public Medical Institution in this town, as well as elsewhere attest the fact. The mortality that has taken place in consequence, is by no means inconsiderable." (P. 1.) Indeed it is the opinion of this author, that there has been an unusual tendency to fever of late, in all ranks of society; among the better as well as the lower classes, making allowance for the difference of circumstances, and the greater exposure of the latter to the various exciting causes.

The following quotations from the Report of the Committee of the House of Commons will illustrate the superior advantages of Houses of Recovery. After eulogizing the excellent arrangements of the Fever Institution, and observing that a portion of its funds is expended in cleansing the apartments of the poor, after their removal, by which means 151 rooms had been

whitewashed during the preceding year, it proceeds—
 “Your committee refer generally to the evidence of Dr. Bateman, to establish the necessity of a speedy removal of the poor from their own dwellings, when attacked with contagious fever, as well as to demonstrate the benefits derived in the last year, by the existence of this institution; when, from the crowded state of the hospitals, and their known unwillingness to receive fever cases at all, the greatest danger would have been incurred of the spreading into a larger focus the sphere of this contagious disorder.” “Your committee wish also to remark, that *this establishment is open to all applicants, at all days and hours. A medical certificate of disease is stated to be required; but the practice is to admit all who are attacked by the complaint, upon the first application; and the only impediment thrown in the way has been one which it is the aim of your committee to remove—a want of sufficient room for the admission of patients.*” “Your committee have been informed, that it is the practice, in all the hospitals, to mix cases of contagious fever indiscriminately with other patients; it has, however, been stated to them by some medical authorities that, practically speaking, no evil has arisen from this intermixture; but, with due deference to such opinions, the acknowledged fact that, in some hospitals, the fever has been generated; that patients admitted under one disease have caught in the hospital another; that the medical practitioners and attendants have been attacked themselves by the disease; and that most fatal effects have been therefrom produced: all these facts fully satisfy your committee that the practice above alluded to, if not altogether abandoned, ought to be resorted to with great precaution, and in

a most limited extent. As long as fever can be diluted through a large ward, with proper attention to ventilation, scarcely any danger of contagion may arise, but in a period of epidemic, such as existed in the late and present year, when all the hospitals were crowded with patients assailed by the prevailing disease of fever, great hazard must be run; and the experience of this year has demonstrated the danger and evil of the system.”—“Your committee have fully satisfied themselves that the most beneficial effects have resulted from hospitals exclusively set apart for cases of fever.”

These, and several other passages that might be selected, not only prove that the committee, from all the evidence before them, were fully convinced of the superior advantages of Houses of Recovery; but they contain in themselves intrinsecal evidence of their conviction being just. The “acknowledged facts” to which they allude, of the generation, and communication of fever in some hospitals, on which they lay so much stress, prove that those hospitals were overcrowded; for in an airy and capacious ward, that is, where there is sufficient space for separation, and ventilation, there is little, or no danger of such an event taking place. If then general hospitals are to receive fever cases, a separate ward should be devoted exclusively to this purpose; a measure moreover, imperiously necessary for a reason which they have not omitted to notice, viz. that the low temperature of the surrounding atmosphere proper for such patients, would be extremely prejudicial in many other complaints. In the Edinburgh Infirmary, certain wards are appropriated to fever, “not only because the danger of spreading the disease is thus lessened, but

because the degree of ventilation suited to fever, is injurious in some other diseases.”

As to the prejudice entertained by some of the lower classes against fever, and other hospitals,—this is also in favour of a large establishment, for there the chance of recovery, and the resources would be greater, than if it were on a limited scale; and when the poor saw their friends return with renovated health, and heard that they had been treated with skill, attention, and tenderness,—they would not be so blind to their own interest, as to retain prejudices against an asylum instituted for the express purpose of alleviating the sufferings of a sick-bed, and of holding forth the fairest hopes of recovery in the hour of peril. They must be insensate indeed, if they failed to perceive the great difference between a clean and comfortable bed, with every attention to supply their wants, and the frequently miserable situation of a fever patient in his own hovel, often left, from necessity or thoughtlessness, for hours together, without drink, without assistance, in a state of infantile helplessness.—Before I quit the subject, I beg it to be understood, that I am so strong an advocate for a large Fever Hospital, because I am convinced that a small one would be utterly unfit to answer the purpose in time of sickness; but I do not mean to say, that the same advantages might not be obtained by having different smaller establishments, provided they were sufficiently airy and roomy, for their size; and the patients were not crowded together, so as to vitiate the atmosphere surrounding them. “In such situations,” Dr. Clutterbuck remarks, “the care of the sick might be undertaken by the medical attendant with security: whereas, at present, in his attendance on the

poor, in their close and filthy habitations, his life is continually in danger. A much larger number of medical practitioners fall victims to contagious fever, than is generally known, or suspected; they have an undoubted right to stipulate for their own safety, by exacting as the condition of their attendance, the adoption on the part of the public, of some such means of precaution, as are here suggested." P. 54.

I have already expressed my fears of the insufficiency of the institution in the metropolis, and other places; but when the preceding pages were written, I did not expect so early a confirmation of my opinion, as is contained in the following passage in a letter from an eminent practitioner, which I have just received: "the House of Recovery in London, is now found to be so inadequate to the purpose for which it was designed, that proposals are issued for a smaller establishment of that kind in every parish in London."

In bringing these cursory remarks to a close, I must again abjure all inclination to excite any unnecessary alarm in the public mind. It is to remove the cause for alarm, by pointing out the means of security,—to perpetuate the blessing of exemption from contagious fever—and from a conscientious belief of the necessity of the measure here recommended, that I am induced to lay my sentiments before the public. No one can more ardently desire than I do, that the anticipation of any further increase of fever may prove unfounded; but even then it might be, and indeed it has been shown, that the establishment of a House of Recovery,—whether viewed in a preventive, or remedial light—whether originating from motives of prudence, or from the pure spirit of charity,—would be equally desirable and creditable

to a city of such magnitude and opulence as Bristol. I have not attempted to make out the strongest case in my power, though it may be stronger than I originally intended; for in pursuing an inquiry, materials accumulate, and it becomes difficult to lay facts of great importance aside. I have, however, withheld a vast mass of evidence in support of these opinions; and particularly the distressing pictures drawn of the privations, and sufferings from disease, among the poor in Ireland, because I conceived a further detail to be superfluous, and that it would be painful to the feeling mind to contemplate them. But in confirmation, I may refer generally to the works already quoted—to the valuable reports of the physicians herein mentioned, and of Dr. Cheyne, and others, in the volumes of the “Transactions of the Association of Physicians” in Ireland, and the “Dublin Hospital Reports,” lately published; to a paper on “Typhus Fever,” in the 24th No. of the British Review; and particularly to an interesting article on the “Fever in Ireland,” in which the reports of these physicians are impartially portrayed, in the 4th No. of the Medico Chirurgical Journal, conducted with eminent ability by Dr. Johnson.

In the language of the benevolent writer, whose sentiments do equal credit to the head and heart whence they emanated, but whom I do not even know by sight, I address myself to the “good sense and humanity” of the public. Little solicitous about the manner where the matter is of such importance, I have neither aimed at eloquence, nor pathos: my object is not to appeal to the passions—but to convince the understanding.

